

State/Territory: Montana

3. Assuring timely access to needed medical, social, educational, vocational and other services or assistance;
4. Providing access to opportunities for self-help activities; and
5. Coordinating services and activities to meet these goals.

Case management is a service based on assessment of individual strengths and needs, mutual planning between the recipient and the case manager, and recipient empowerment in accessing resources. It is provided for an indefinite period of time, at an intensity which is influenced by the individual's service plan and unique situation, and in settings accessible to the recipient.

Eligible individuals have the option to accept or reject case management services.

Case management focuses on the day-to-day concerns of persons with severe mental illness by assisting them to identify realistic and achievable goals so the utilization of inpatient or more costly medical services is avoided. Crisis issues are dealt with. The case manager acts as a resource person in assisting the recipient to gain access to needed medical, social, vocational, educational and other services identified as necessary in the treatment plan.

Each intensive case management recipient will have an individualized case plan on file containing specific outcomes to be accomplished with the assistance of targeted case management. Progress notes reflect advancement toward

TN No. 99-007

Supersedes

TN No. 96-22014

Approval Date

12/20/99

Effective Date

7/1/99

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identified goals.

Major components of targeted case management include coordination of the client assessment, plan development and crisis assistance activities; assisting the client in learning to more effectively identify and utilize basic community resources; monitoring the client's success in accessing services; and assessing client progress toward established goals.

1. Assessment - The assessment will include an integrated examination of the client's strengths, status, aspirations, needs and goals in the life domains of residence, health, vocation, education, community participation, leisure time and economics. The assessment will be conducted in a setting which the client finds comfortable. The case manager will also assist the client to gain access to other necessary specialized assessments (e.g. psychological, medical, vocational/educational, etc.) based upon the individual's needs and desires. With the client's consent, the case manager may meet with significant others as part of the assessment process. Where feasible and appropriate, the case manager will involve the family as an integral part of the assessment process.
2. Planning - An individualized written case management plan is mutually developed by the case manager and client. The plan must be signed by the client and the case manager. The plan will include:

(a) identification of measurable objectives;

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- (b) specification of strategies to achieve defined objectives;
- (c) identification of agencies and contacts which will assist in meeting the objectives;
- (d) identification of natural and community supports to be utilized.

Plans will be revised to reflect changes in client goals and needs, and services provided to the client.

3. Crisis Intervention - Crisis intervention and stabilization are provided in situations requiring immediate attention/resolution for a specific client or other person(s) in relation to a specific client. The case manager often provides the initial intervention in crisis situations and assists the client in gaining access to other needed crisis services. Most crisis intervention activities involve face-to-face contact with the client.
4. Assistance in Daily Living - The ongoing monitoring of how a client is coping with life on a day-to-day basis is the primary activity under assistance in daily living. The case manager will determine with the client the kinds of daily living assistance that will help the client achieve stated goals and prevent unnecessary hospitalization.

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5. Care Coordination, Referral, Advocacy - Accessing resources to meet the needs of a specific client.

"Care Coordination" case management services are limited scope targeted case management services designed to assist the consumer in accessing needed mental health care and other community services. Care coordination case management services may include telephone services.

E. **Qualifications of Providers:**

II. Chronically Mentally Ill Adults

Case management services for chronically mentally ill adults must be provided by a licensed mental health center as specified in section 46.12.571 of the Administrative Rules of Montana. In cases where a mental health center is unwilling or unable to provide the required case management services, the services may be provided by a provider designated by and under contract with the Department of Public Health and Human Services.

Care Coordination case management services may also be provided by a licensed practitioner as defined in ARM 46.12.1923. A practitioner is a physician, licensed physician assistant, advance practice registered nurse, licensed psychologist, licensed clinical social worker or licensed professional counselor.

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F. **The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.**

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. **Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.**

TN No. 99-007

Supersedes

TN No. 96-22614

Approval Date

12/20/99

Effective Date

7/1/99

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A. Target Group:

IV. Youth with Severe Emotional Disturbance

Targeted Case management services are furnished to an eligible Medicaid recipient who has severe emotional disturbance. A youth with Severe Emotional Disturbance is defined as:

- a. a youth identified as having an emotional disturbance according to Section 20-7-401(8) MCA and the youth is currently receiving special education services; **or**
- b. when both Criteria I and Criteria II are met; **or**
- c. when all three Criteria I, Criteria III, and Criteria IV are met.

Criterion I: The youth is 17 years of age or younger, and

Criterion II: The youth presents a danger of suicide, or

Criterion III: The youth demonstrates a need, due to emotional disturbance, for specialized services from two or more human services systems for the purpose of:

- A. Assisting in the management of the emotional disturbance or its effects;
- B. Supporting retention of the youth in the community or home; or
- C. Treatment of the illness. and

Criterion IV: The youth meets the following conditions:

Youth has a mental disorder diagnosed under DSM-IV (or revision thereof) (see clarification) by a certified licensed mental health professional. Diagnosis must be timely (within the past 12 calendar months unless otherwise specified by the

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DSM-IV) and apply to youth's current presentation and the youth consistently and persistently demonstrates (for a period of at least six months or is expected to continue for a period over six months) one of the following characteristics:

- i. has failed to establish or maintain interpersonal relationships relevant to his/her appropriate developmental stage(s) and cultural environment; or
- ii. displays inappropriate behavior relevant to his/her developmental stage and their culture; or
- iii. fails to demonstrate a range of appropriateness of emotion or mood relevant to his/her developmental stage and culture; or
- iv. displays behavior sufficiently disruptive to lead to isolation in or from school, home, therapeutic or recreation settings; **or**
- v. displays behavior sufficiently intense or severe to be considered seriously detrimental to his/her growth, development, or welfare, or safety/welfare of others.

Clarification:

A youth does not meet the definition of severe emotional disturbance when he/she has a primary problem of:

1. Cognitive Delay,
2. Substance abuse or chemical dependency,
3. Victim of sexual or physical abuse, or
4. Has character and personality disorders characterized by repetitive and persistent pattern of behavior in which the

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basic rights of others or major age-appropriate societal norms are violated (DSM-IV Conduct Disorders) unless the behavior results from emotional disturbance. Severe Emotional Disturbance includes youth who are cognitively delayed and emotionally disturbed or sexually abused and emotionally disturbed, or conduct disorder and emotionally disturbed.

The DSM-IV diagnoses included under "Criterion IV" should for the majority of disorders have a severity index of moderate or severe. The diagnosis must be applied to the youth's current presentation. Current means within the past 12 calendar months unless otherwise specified in the DSM-IV. The DSM-IV diagnoses included under "Criterion IV" of the definition are:

1. Attention Deficit/Hyperactivity Disorder (314.00, 314.01, 314.9);
2. Childhood schizophrenia (295.10, 295.20, 295.30, 295.60, 295.90);
3. Oppositional Defiant Disorder (313.81);
4. Pervasive Developmental Disorder not otherwise specified (299.80);
5. Separation Anxiety Disorder (309.21);
6. Reactive Attachment Disorder (295.70);
7. Mood Disorders (296.0x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90);
8. Dysthymic Disorder (300.4);
9. Depressive Disorder not otherwise specified (311);
10. Cyclothymic Disorder (301.13);
11. Generalized Anxiety Disorder (Overanxious Disorder) (300.02);
12. Posttraumatic Stress Disorder (chronic) (309.81);
13. Dissociative Identity Disorder (300.14);
14. Sexual and Gender Identify Disorder (302.2, 302.3, 302.4, 302.6, 302.82, 302.83, 302.84, 302.85, 302.89);
15. Anorexia Nervosa (severe) (307.1);

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16. Bulimia Nervosa (severe) (307.51);
17. Kleptomania (312.32);
18. Pyromania (312.33);
19. Trichotillomania (312.39);
20. Intermittent Explosive Disorder (312.34); and
21. Personality Disorder (301.4, 301.5, 301.81).

Specialized services referred to in "Criterion III" means therapy services provided to a child or adolescent with emotional disturbance for the purpose of assisting in the management of the emotional disturbance or its effects, supporting retention of the youth in the community or home, or treatment of the illness.

The "human services system" referred to in "Criterion III" are:

- a. Mental Health (including outpatient therapy, home-based therapy, school-based therapy, day treatment, and intensive case management)
- b. Specialized Residential Services (including psychiatric, residential, and hospital treatment, therapeutic group home or therapeutic foster care)
- c. Child Protective Services
- d. Specialized Education Supports (including Special Educational placement, services by school counselor, or other support services provided by the school)
- e. Juvenile Corrections or Probation

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B. **Areas of State in which services will be provided:**

IV. Youth With Severe Emotional Disturbance

☒ Entire State

☐ Only in the following geographic areas (authority of section 1915 (g)(1) of the Act is invoked to provide services less than Statewide:

C. **Comparability of Services**

IV. Youth With Severe Emotional Disturbance

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915 (g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. **Definition of Services**

IV. Youth With Severe Emotional Disturbance

This group is being targeted for case management services to help

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Approved 12/20/99

Effective 7/1/99

Supersedes

TN No. 96-15